



**Department of Insurance
State Fire Marshals Office
(334) 241-4166**

PUBLIC DISPLAY APPLICATION

MAILING ADDRESS:

P. O. Box 303352
Montgomery, AL 36130-3352

EXPRESS ADDRESS:

201 Monroe Street; Suite 1790
Montgomery, AL 36104

NOTE!!!

FEES FOR PUBLIC DISPLAY –

APPLICATION RECEIVED AT LEAST TEN (10) DAYS PRIOR TO DISPLAY \$50.00

APPLICATION RECEIVED LESS THAN TEN (10) DAYS PRIOR TO DISPLAY \$100.00

Name of Applicant: _____ DOB: **(Required)** _____

Mailing Address: _____
(ADDRESS) (CITY) (STATE) (ZIP)

Telephone Numbers: Home: () _____ Work: () _____

Person or Group Sponsoring Display: _____

Person of Company Counseling Display: _____

Name of Business Fireworks Obtained From: _____

Display location (Complete Physical Address): _____

_____ County: _____

Display Date: _____ Time: _____

Display Rain Date: _____ Time: _____

In submitting this application, I certify this display location shall not be hazardous to life or property.

**Make all checks/money orders payable to
State Fire Marshals Fund.**

Applicant's Signature (Required)

Police Chief's Approval: _____ Date: _____
(Required if in Municipality)

Fire Chief's Approval: _____ Date: _____
(Required if in Municipality)